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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 07 2024
BY 21428

Annual Report for the year: 2024
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1 Entity ID Number	2. Exact name of the Corporation
000093797	SALT POND FISHERIES, INC.

3. Principal Office Address	City	State	Zip
81 POINT AVENUE	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
114111	TO ENGAGE IN ANY AND ALL FACETS OF THE COMMERICAL FISHING INDUSTRY
5 State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: CHRISTOPHER D. ROEBUCK	Vice-President Name:
Street Address: 81 POINT AVENUE	Street Address:
City: WAKEFIELD State: RI Zip: 02879	City: State: Zip:
Secretary Name: CHRISTOPHER D. ROEBUCK	Treasurer Name: CHRISTOPHER D. ROEBUCK
Street Address: 81 POINT AVENUE	Street Address: 81 POINT AVENUE
City: WAKEFIELD State: RI Zip: 02879	City: WAKEFIELD State: RI Zip: 02879

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: CHRISTOPHER D. ROEBUCK	Director Name:
Street Address: 81 POINT AVENUE	Street Address:
City: WAKEFIELD State: RI Zip: 02879	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	CWP	NO PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Christopher D. Roebuck	3/1/2024

Signature of Authorized Representative: SIGNATURE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017